

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006510

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

850

149
FILED FEB 26 1963VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Richard L. Owens

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
62 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY
OR
TOWN Kansas CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

1016 W. 72nd st.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Arthur Gilbert Durst4. DATE
OF DEATH Month Day Year
Feb. 6 19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
5-7-18839. AGE (last birthday)
79IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired-10b. KIND OF BUSINESS OR INDUSTRY
Franklin Ice Cre. Co.11. BIRTHPLACE (City and state or country)
Atchison, Ks.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Charles Durst

13b. MOTHER'S MAIDEN NAME

Elizabeth O'Connor

14. NAME OF HUSBAND OR WIFE

Flossie M. Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
No16. SOCIAL SECURITY NO.
617. INFORMANT
Frederick J. Durst, 5008 Tracy18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a)

CEREBRAL Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

8 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIO-SCLEROTIC CEREBRAL Vessels

2 YEAR

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

DIABETES MELLITUS

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from DEC 1957 to FEB 6 1963 and last saw him alive on FEB 6 1963
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard L. Owens

(Degree or title)

MD

22b. ADDRESS

9228 E. Highway 50

22c. DATE SIGNED

2-8-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah Cem.

23d. LOCATION (City, town, or county)
Kansas city, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mellody McGilley Eylar 1800 E. Linwood

25. DATE RECD. BY LOCAL REG.

2-8-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Richard L. Owens

FL-3-4591

9228 E 50 Highway

The Business Times

11:30 ^{am} - 4:45 ^{pm} Fri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James R Phillips

Licensed Embalmer No. 4641

P. O. Address KC. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.